



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
(Your Official Headquarters Address)

MITT ROMNEY  
GOVERNOR

KERRY HEALEY  
LIEUTENANT GOVERNOR

TIMOTHY R. MURPHY  
SECRETARY

PAUL J. COTE, JR.  
COMMISSIONER

**TO:** (Your Bureau Center Director, CFO Hospital, Lab Deputy Director - CDC )

**FROM:**

**RE:** Out of State Travel or In State Overnight Travel

**DATE:**

Your approval is requested for ( ) Out of State travel or ( ) In State Overnight travel for (Name of Traveler), a consultant with the Division of

**Name:**

**Conference/Meeting:**

**Location of Conference/Meeting:**

**Dates of Travel:**

**Approximate Costs:**

|                |  |
|----------------|--|
| Ground Travel: |  |
| Hotel:         |  |
| Meals:         |  |
| Other:         |  |
| <b>TOTAL:</b>  |  |

\*\*\*\*\***INSERT DESCRIPTION OF TRAVEL & JUSTIFICATION**\*\*\*\*\*

(Name of Traveler) has sufficient funds in his/her contract to pay for this trip. Please let me know if you have any questions or concerns about this request. Thank you.

Approved

Not Approved

(Signature of Your Bureau Center Director, CFO Hospital,  
Lab Deputy Director - CDC)

Date